

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

Bayfield Co. Zoning Dept.

Date Stamp (Received)  
AUG 11 2017

Permit #:	17-0344
Date:	9-6-17
Amount Paid:	750 \$1417
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>Aile &amp; Harvey and Sander K. Harva</b>	Mailing Address: <b>45280 Marsh Ln</b>	City/State/Zip: <b>Cable, WI. 54821</b>	Telephone: <b>(715) 795-2519</b>
Address of Property: <b>45280 Marsh Lane</b>		City/State/Zip: <b>Cable, WI. 54821</b>	Cell Phone: <b>(715) 305-1348</b>
Contractor: <b>YERAT BURER</b>	Contractor Phone: <b>507-273-8127</b>	Plumber: <b>BUTLERFIELD</b>	Plumber Phone: <b>715-634-8176</b>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4		PIN: (23 digits) 04-034-2-43-06-04-4	Recorded Document: (i.e. Property Ownership) Volume 1160 Page(s) 489
Section 4, Township 43N, Range 6W	Town of: <b>MANITOWISH</b>	Lot Size 150 x 480	Acres 1.05
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →	Distance Structure is from Shoreline: feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 250 000	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	# of bedrooms <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 3	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
--	--	--	--	--	---	--

Existing Structure: (if permit being applied for is relevant to it)	Length: 80	Width: 50	Height: 22
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	(36 x 52)	1754	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(22 x 24) (10' x 36) (10 x 12) ( ) (25 x 24)	529 432 108  827	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	( ) ( ) ( )	( ) ( ) ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Aile & Harvey  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 8/10/17

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

SEE ATTACHED

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	45 Feet
Setback from the North Lot Line	10 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	47 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	45 Feet	Setback to Well	Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	<b>Sanitary Number:</b> 17-975	<b># of bedrooms:</b>	<b>Sanitary Date:</b> 9-6-17
<b>Permit Denied (Date):</b>	<b>Reason for Denial:</b>		
<b>Permit #:</b> 17-0349	<b>Permit Date:</b> 9-6-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Inspection Record:</b>			
<b>Date of Inspection:</b> 8/10/17	<b>Inspected by:</b> [Signature]	<b>Zoning District</b> (R-1) <b>Lakes Classification</b> (1)	<b>Date of Re-Inspection:</b>
<b>Condition(s):</b> Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)			
<b>Condition:</b> A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.			
<b>Signature of Inspector:</b> [Signature]	<b>Date of Approval:</b> 8/16/17		
<b>Hold For Sanitary:</b> <input checked="" type="checkbox"/>	<b>Hold For TBA:</b> <input type="checkbox"/>	<b>Hold For Affidavit:</b> <input type="checkbox"/>	<b>Hold For Fees:</b> <input type="checkbox"/>

City, Village, State or Federal  
May Also Be Required

LAND USE - X  
SANITARY - 17-97S  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0349** Issued To: **Allen & Sandra Harvey**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **4** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot                      Lot **1**                      Block                      Subdivision                      CSM# **1290**

For: **Residential Use:** [ **1.5 - Story; Residence** (36' x 52') = 1,872 sq. ft.; **Loft** (22' x 24') = 528 sq. ft.;  
**Porch #1** (10' x 36') = 360 sq. ft.; **Porch #2** (10' x 12') = 120 sq. ft.;  
**Attached Garage** (28' x 29') = 812 sq. ft. ] Total Overall = 3,651 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**September 6, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)  
**RECEIVED**  
AUG 22 2017

Permit #: 17-0363  
Date: 9-8-17  
Amount Paid: \$5 833-17  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Tara J. Nametkegon		43670 E RD D		Cable WI 54821		Cell Phone:		
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber Phone:		
25205 Nametkegon Dump Rd		Nametkegon WI 54821		34821				
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
TBD		608803629		2616 Farview Ave Washburn WI 54811		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)		Document #:		
D.J. Conlin		24043				R-		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Vol & Page		Lot(s) No.		Block(s) No.
SUD 1/4, SUD 1/4		Gov't Lot		384/43				
Section 18, Township A3 N, Range 5 W		Town of:		Nametkegon		Lot Size		Acreage
						37 AC		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River/Stream (incl. intermittent) Creek or Landward side of Floodplain? →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 30000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story+Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 81	Width: 101	Height: 81

Proposed Use	Principal Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
	Bunkhouse w/ ( ) sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) Addition of Platform	( 8' X 10' )	808
	<input type="checkbox"/> Accessory Building (specify) _____	( ) X ( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
	Special Use: (explain) _____	( ) X ( )	
	Conditional Use: (explain) _____	( ) X ( )	
<input type="checkbox"/> Municipal Use	Other: (explain) _____	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Pat Conlin \_\_\_\_\_ Date: 8-16-2017  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) SS411  
Address to send permit 2616 Farview Avenue Washburn WI  
If you recently purchased the property send your Recorded Deed



The box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

*See attached plans:*

*TMO To Replace Abandoned Distances in city town  
Add 8' x 10' ground platform - no foundation required.*

Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300' 1	Setback from the Lake (ordinary high-water mark)	0
Setback from the Established Right-of-Way	300' 1	Setback from the River, Stream, Creek	0
Setback from the North Lot Line	99' 0	Setback from the Bank or Bluff	0
Setback from the South Lot Line	304' 5	Setback from Wetland	1
Setback from the West Lot Line	304' 5	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	383' 5	Elevation of Floodplain	0
Setback to Septic Tank or Holding Tank	0	Setback to Well	0
Setback to Drain Field	0		0
Setback to Privy (Portable, Composting)	0		0

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

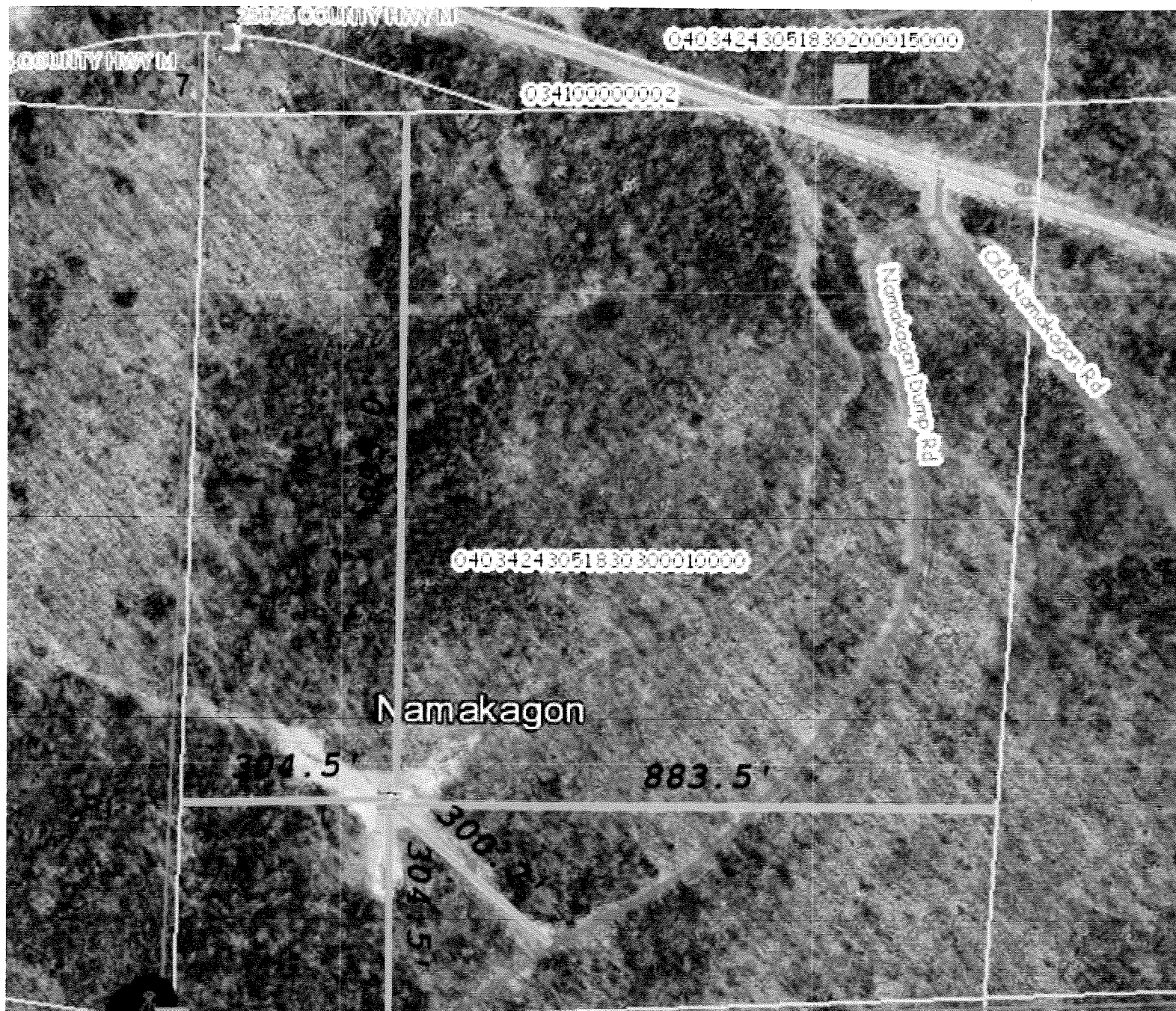
(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		<b>Sanitary Number:</b>	<b># of bedrooms:</b>	<b>Sanitary Date:</b>	
<b>Permit Denied (Date):</b>		<b>Reason for Denial:</b>			
<b>Permit #:</b> 17-02203		<b>Permit Date:</b> 9-8-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) Yes No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District ( ) Lakes Classification ( )			
Date of Inspection:		Inspected by:		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No they need to be attached.) <i>NOT TO EXCEED SCOPE OF WORK AS STATED</i>					
Signature of Inspector:		<i>[Signature]</i>		Date of Approval: <i>9/8/17</i>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TGA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				<input type="checkbox"/>	



City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0363** Issued To: **Town of Namakagon / Pat Conlin, Agent**

Location: **SW**  $\frac{1}{4}$  of **SW**  $\frac{1}{4}$  Section **8** Township **43** N. Range **5** W. Town of **Namakagon**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Commercial Principal Addition: [ Antenna Addition (8' x 10') = 80 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Not to exceed scope of project.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**September 8, 2017**

Date